

FILED - GR

May 4, 2022 10:30 AM

CLERK OF COURT

U.S. DISTRICT COURT

WESTERN DISTRICT OF MICHIGAN

BY:JMW SCANNED BY: KB/5-4

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

SOARIES MAXINE PETERSON, M.D.,

Defendant.

1:22-cr-59

Robert J. Jonker
Chief U.S. District Judge

FELONY INFORMATION

The United States Attorney charges:

GENERAL ALLEGATIONS

At all times relevant to this Information:

The Medicare Program

1. Medicare is a federally funded program administered by the Centers for Medicare and Medicaid Services (“CMS”), a federal agency within the United States Department of Health and Human Services. Medicare provides health insurance for, among others, persons aged 65 and older, certain younger people with disabilities, and people with end-stage renal disease. Individuals who receive benefits under Medicare are referred to as Medicare beneficiaries. Medicare is a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b).

2. The Medicare Program includes coverage under two primary components, hospital insurance (Part A) and medical insurance (Part B). Part B of the Medicare Program covers the costs of physicians’ services and other ancillary services not covered by Part A.

3. Payments under the Medicare Program are often made directly to the provider of the goods or services, rather than to the beneficiary. This direct payment occurs when the provider submits claims to Medicare for payment, either directly or through a billing company.

4. Physicians, clinics, and other health care providers are able to apply for and obtain a Medicare provider number, referred to as a National Practitioner Identifier (“NPI”). A health care provider who is issued a Medicare provider number is able to file claims with Medicare to obtain reimbursement for services provided to Medicare beneficiaries. A valid Medicare claim must set forth, among other things, the beneficiary’s name, the date the service was provided, the service provided, and the name and identification number of the physician or health care provider who ordered the service.

5. Medicare claims for Part B are processed and paid by insurance organizations, known as fiscal intermediaries and carriers who contract with CMS to administer their specific part of the Medicare program. Wisconsin Physician Service Insurance Corporation (“WPS”) is the local Medicare Administrative Contractor that manages the Part B Medicare services on behalf of CMS within Michigan.

CPT Codes

6. The American Medical Association assigns and publishes numeric codes, known as the Current Procedural Terminology (“CPT”) codes. The codes are a systematic listing, or universal language, used to describe the procedures and services performed by health care providers.

7. The procedures and services represented by the CPT and HCPCS codes are health care benefits, items, and services within the meaning of 18 U.S.C. § 24(b). They include codes

for physical office visits and other services. Health care providers use CPT codes to describe the services rendered in their claims for reimbursement to health care benefit programs.

8. Health care benefit programs, including Medicare, use these codes to understand and evaluate claims submitted by providers and to decide whether to issue or deny payment. Each health care benefit program establishes a fee or reimbursement level for each service described by a CPT or HCPCS code.

9. CPT code 99214 is used bill for an office or other outpatient visit for the evaluation and management of an established patient by a physician or other qualified health care professional such as a physician assistant or nurse practitioner. This level evaluation and management code requires two of the following three components: a detailed history, a comprehensive examination, and medical decision-making of high complexity. As a guideline, the practitioner typically spends 25 minutes face-to-face with the patient. *Am. Medic. Assoc.*, CPT Code 99214 (2018).

The Defendant

10. SOARIES MAXINE PETERSON, M.D was a resident of Muskegon County, Michigan and a licensed physician practicing in Muskegon, Michigan.

The Fraudulent Scheme

11. From in or about December 2015, to in or about February 2021, SOARIES MAXINE PETERSON, M.D., unlawfully submitted, and caused to be submitted, false and fraudulent claims to Medicare, Medicaid, and Blue Cross Blue Shield of Michigan for evaluation and management codes for office visits including during times when she was on vacation or otherwise not present in the office and when the patients did not meet with her or any other qualified health care professional. Rather, on these occasions, the patients came to her office and

picked up monthly prescriptions for controlled substances after meeting with unlicensed office staff.

CHARGE
(Health Care Fraud)

12. Paragraphs One through Eleven are incorporated by reference.
13. On or about June 26, 2019, in Muskegon County, in the Southern District of the Western District of Michigan, the defendant,

SOARIES MAXINE PETERSON, M.D.,

in a matter involving a health care benefit program, specifically Medicare, knowingly and willfully executed a scheme and artifice to defraud in connection with the delivery of and payment for health care benefits, items, and services. Specifically, SOARIES MAXINE PETERSON, M.D., submitted a claim to Medicare, utilizing CPT Code 99214, for an office visit with patient L.M. that purportedly occurred on January 15, 2019. On or about July 10, 2019, Medicare forwarded payment of \$83.16 for this claim. In fact, SOARIES MAXINE PETERSON, M.D., was not present in her office on January 15, 2019, and L.M. did not meet with anyone other than unlicensed office staff.

18 U.S.C. § 1347(a)(1)

ANDREW BYERLY BIRGE
United States Attorney

Date: May 2, 2022

Raymond E. Beckering III
RAYMOND E. BECKERING III
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